

National Kidney and Urologic Diseases Information Clearinghouse

Bladder Control for Women



NATIONAL INSTITUTES OF HEALTH
National Kidney and Urologic Diseases Information Clearinghouse



U.S. Department
of Health and
Human Services

BLADDER

*Let's talk about bladder control for women.
There's treatment that works.*

CONTROL

Let's Talk about Bladder Control for Women is a public health awareness campaign conducted by the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), an information dissemination service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

1-800-891-5388

Why talk about bladder control?

Women of all ages have bladder control problems. Some younger women find they can't hold their urine after having a baby. Others have problems when they stop having periods. Many women over the age of 75 also have bladder control problems.

You may feel ashamed about bladder control problems. Remember that it's a medical problem and it's not your fault. Millions of women have the same problem.

Don't believe people who tell you that urine leakage is normal. It isn't. Most of the time it can be improved.

Your health care team can help you. Nearly everyone with a bladder control problem can be helped. Call your clinic and find out how.

Where can you go for help?

You can do many things to help improve your bladder control. Talk to your *family doctor* or *nurse*.

If you have a more difficult case, you may need to see a *urologist* (yoor-ALL-uh-jist). Urologists are experts in bladder and urine problems. Some urologists specialize in the female urinary tract.

A *gynecologist* (guy-nuh-CALL-uh-jist) is a doctor who treats problems of the female system. Your gynecologist can also help you with bladder control. Your doctor might also want you to see a *urogynecologist* (YOOR-oh-guy-nuh-CALL-uh-jist). Urogynecologists treat women's bladder and urine problems.

You can also get help from a *urology* or *continence nurse*. *Visiting home nurses* can help you learn about bladder control. Some physical therapists help people with pelvic muscle exercise programs.

Check with your insurance plan about payment for these services. You may need a referral from your regular doctor.

If you feel shy about calling a doctor or nurse, maybe a *support group* can help you. Some groups will talk to you on their toll-free number. Others have free or inexpensive brochures and videos about bladder control. Support groups and patient organizations are listed at the end of this brochure.

What does the doctor need to know?

You will need to keep a record. Try to write down the times when you go to the bathroom. Write down when you have accidents, too. Do this for a day or more. This record is called a *bladder control diary*. Diaries help your doctor or nurse learn the cause of your problem.



Keep a record to track your bladder control problems.

What your doctor needs to know

- I take these prescription medicines:

- I take these over-the-counter drugs (such as Tylenol, aspirin, or Maalox):

If you take more medicines, please list them on a separate paper.

- I started having bladder trouble
 - recently
 - 1 to 2 years ago
 - ____ years ago

- Number of babies I have had: _____
Dates: _____

- My periods stopped (menopause).
Date: _____

- I recently had an operation.
Date: _____
Type of operation: _____

- I recently hurt myself or have been sick.
Date: _____
Type of injury or illness: _____

- I recently had a bladder (urinary tract) infection.
Date: _____

- I am often constipated.
- I have pain or burning feelings when going to the toilet.
- I often have a *really* strong urge to go to the toilet right away.
- Sometimes my bladder feels full, even after I go to the toilet.
- I go to the toilet often, but very little urine comes out.
- I don't go out with friends or family because I worry about leaking urine.
- The first thing I do at new places is check the bathroom location.
- I leak urine when I cough, sneeze, or get up quickly.
- I get up at night to urinate.
- I get wet at night.
- I worry about being put in a nursing home because of bladder control problems.

I have (or had) these medical problems:

- | | |
|--|---|
| <input type="checkbox"/> cancer | <input type="checkbox"/> constipation |
| <input type="checkbox"/> crippling arthritis | <input type="checkbox"/> depression |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> interstitial cystitis | <input type="checkbox"/> multiple sclerosis |
| <input type="checkbox"/> spinal cord injury | <input type="checkbox"/> stroke |
| <input type="checkbox"/> urinary infection | |
- I smoke cigarettes.

Will the doctor do tests?

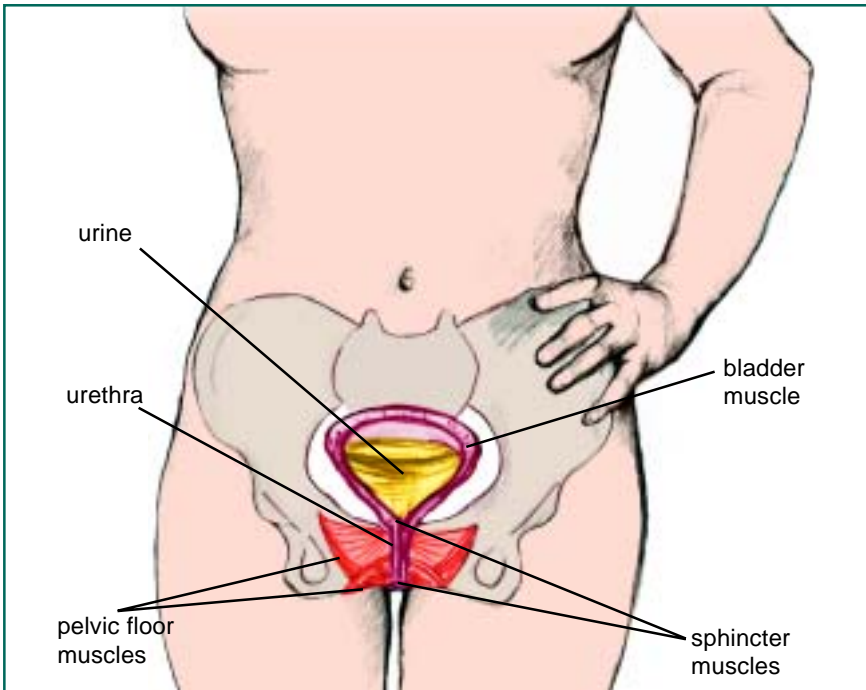
You will probably have a physical exam. The exam can show the reason for your bladder control problem. First, your health care team will look for a simple cause. It could be an infection in the urinary tract. This can be treated easily.

The reason for your problem may be harder to find. Then the doctor or nurse may want to do some tests:

- Check to see how well the bladder muscles are doing their jobs.
- Take samples of urine and blood for tests.
- Look for something blocking the urine flow—like a stone, a growth, or hard bowel movement or stool.
- Take pictures of your bladder, using special machines.

What does the bladder control system look like?

Most of your bladder control system lies inside your *pelvis*. Stand with your hands on your hips. The bones under your hands are the pelvic bones. Your pelvis is shaped like a big bowl.



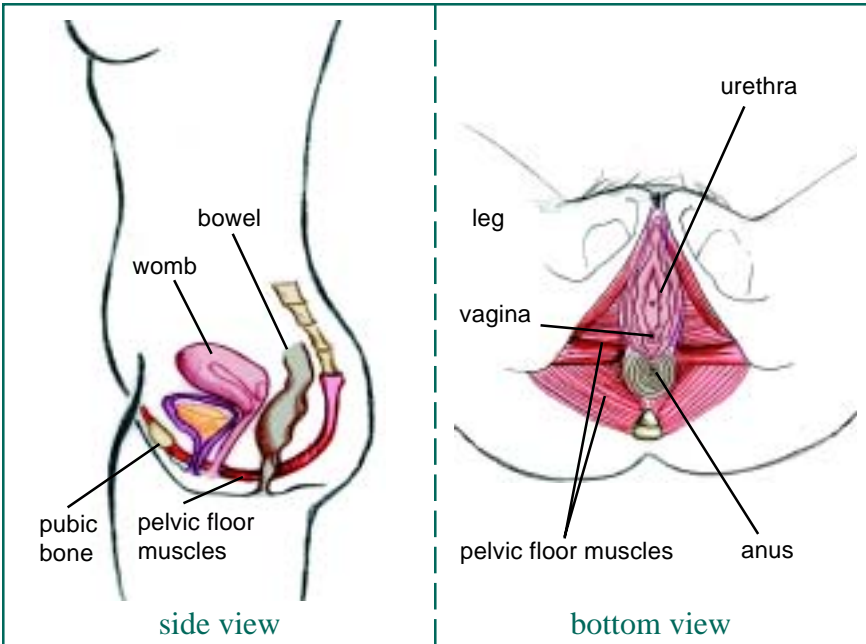
Parts of the bladder control system

The bottom of this “bowl” is the area between your legs. The muscles across this area are the *pelvic floor muscles*.

Your *bladder* is another muscle. It is a balloon-shaped organ inside your pelvis, just below your belly button.

Your pelvic floor muscles should be strong and tight to hold up your bladder in its proper place.

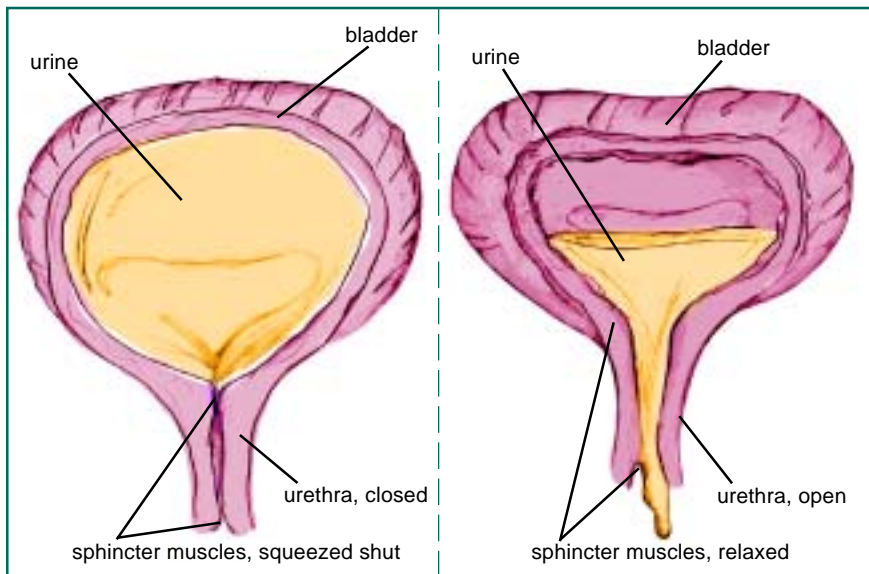
Your bladder should stay relaxed when it is full of urine. But when you go to the bathroom, the bladder muscle should tighten. This squeezes urine out of the bladder.



Parts of the bladder control system

The *sphincter* (SFINK-tur) muscles are two muscles that surround the tube that carries urine from your bladder down to an opening in front of the vagina. The tube is called the *urethra* (yoo-REE-thrah). Urine leaves your body through this tube.

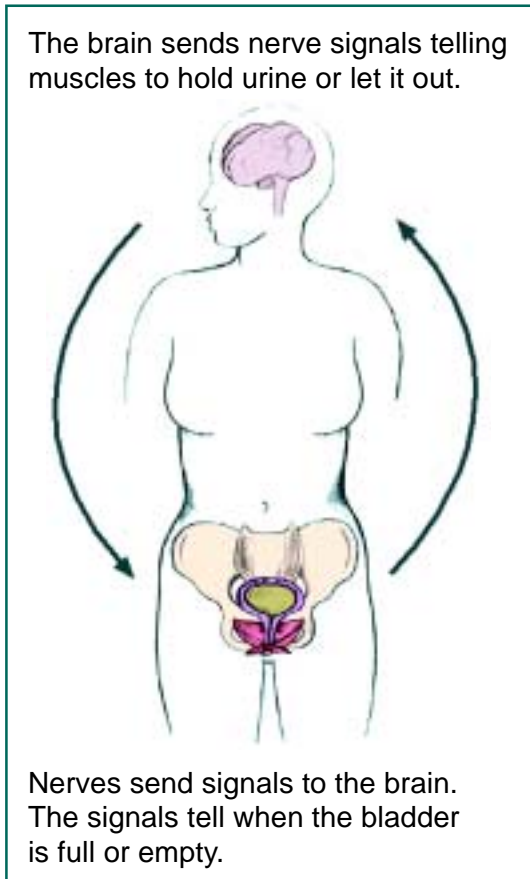
The sphincters keep the urethra closed by squeezing like tight rubber bands. The pelvic floor muscles also help keep the urethra closed.



Parts of the bladder control system

Urine stays inside your body when the pelvic floor and sphincter muscles are tight and the bladder is relaxed.

When the bladder is full, *nerves* in your bladder signal the *brain*. That's when you get the urge to go to the bathroom. Once you reach the toilet, your brain sends a message down to the sphincter and pelvic floor muscles. It tells them to relax.



Parts of the bladder control system:
nerves and brain

The brain signal also tells the bladder muscles to tighten up. That squeezes urine out of the bladder.

Bladder control means you urinate only when you want to. For good bladder control, all parts of your system must work together.

- ✓ Pelvic muscles must hold up the bladder and urethra.
- ✓ Sphincter muscles must open and shut the urethra.
- ✓ Nerves must control the muscles of the bladder and pelvic floor.



Good health includes good bladder control.

What causes bladder control problems?

Most bladder control problems happen when muscles are weak or too active. Problems may also happen when nerve signals don't work properly.

If the muscles that keep your bladder closed are weak, you may have accidents when you sneeze, laugh, or lift a heavy object. This is called *stress incontinence*. It is the most common type of bladder control problem.

Stress incontinence often occurs when women are pregnant or after childbirth. The pelvic floor muscles stretch and weaken in pregnancy or childbirth.

The same muscles become weak after a woman stops having periods (menopause). They weaken because they no longer get female hormones.



Pregnancy and childbirth sometimes cause stress incontinence.

Sometimes, the bladder muscles become *too* active. Then you have a different problem. You may feel strong, sudden urges to go to the bathroom, even if your bladder has little urine. This kind of bladder problem is called *urge incontinence* or *overactive bladder*.

Several things can cause your bladder to be too active:

- a bladder infection
- nerve damage (sometimes from childbirth)
- drinking alcohol (beer, wine, etc.)
- some medicines



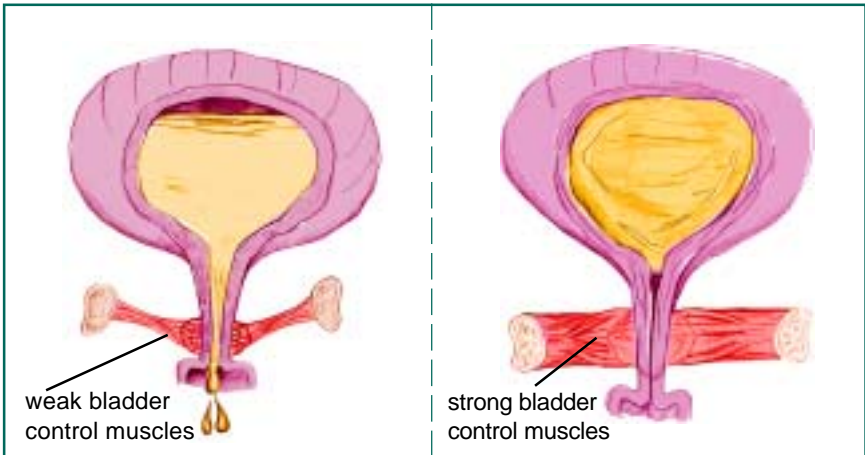
Teaching your bladder a new routine can reduce urge incontinence.

What is the treatment for bladder control problems?

Your treatment will depend on the type of bladder control problem you have. Some treatments are simple. Others are more complicated. Your health care team may suggest one of the following treatments:

Do-it-yourself treatments

Pelvic muscle exercises. You can learn simple exercises that can strengthen the muscles near the urethra. These are called *pelvic muscle exercises* or *Kegel exercises* and take only a few minutes a day.



Before exercises:

Weak bladder control muscles

After exercises:

Strong bladder control muscles

Bladder training. You can train your bladder to hold urine better. Follow a timetable to store and release urine. You can also learn to decrease the urge to urinate.

Weight loss. Sometimes extra weight causes bladder control problems. A good meal plan and exercise program can lead to weight loss.

Food and drink. Some drinks and foods may make urine control harder. These include foods with caffeine (coffee, tea, cola, or chocolate) and alcohol. Your health care team can suggest how to change your diet for better bladder control.



Good bladder control allows women to lead a fully active life.

Muscle therapy

Electrical stimulation. Certain devices stimulate the muscles around the urethra. This makes the muscles stronger and tighter.

Biofeedback. This takes the guesswork out of pelvic muscle exercise. A therapist places a patch over the muscles. A wire connects the patch to a TV screen. You watch the screen to see if you are exercising the right muscles. The therapist will help you. Soon you learn to control these muscles without the patch or screen.

Medical treatments

Medicines. Certain drugs can tighten or strengthen urethral and pelvic floor muscles. Other medicines can calm overactive bladder muscles and nerves. A skin patch can be worn to treat symptoms of overactive bladder.

Surgery. Some bladder control problems can be solved by surgery.

Many different operations can improve bladder control. The operation depends on what is causing the problem. In most cases, the surgeon changes the position of the bladder and urethra. After the operation, the bladder control muscles work better.

Devices

Pessary. Your doctor can place a special device called a pessary (PESS-uh-ree) in the vagina. The device will hold up the bladder to prevent leakage.

Urethral inserts. Your doctor may give you a small device that goes directly in the urethra. You can learn to insert the device yourself. It's like a little plug. You remove the device when it is time to go to the bathroom and then replace it until it's time to go again.

Urine seals. This is a small foam pad you place over the urethra opening. There it seals itself against your body to keep urine from leaking. When you go to the bathroom, you remove the pad and throw it away.

Soon you will be able to buy new products to help control leaks. However, they do not cure the causes of bladder control problems.

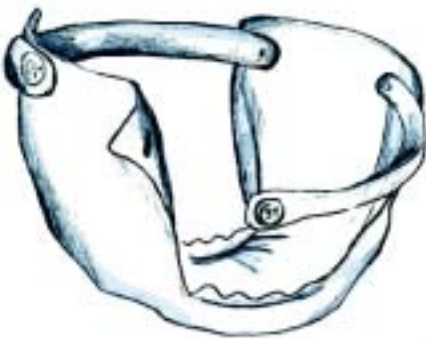
Dryness Aids

Pads or diapers. Pads or diapers help many people. But diapers do not cure bladder control problems. See a doctor or nurse, even if diapers are working for you.

Bedside urinal. Some people use a bed pan or a bedside chair urinal (YOOR-uh-nul) or commode.

Assistance. If you are disabled, health care workers can help you move more easily to a toilet. Your doctor or nurse may teach you to urinate on a schedule that prevents wetting.

Renovations. Sometimes, you just need a carpenter to make changes to your house. Perhaps you need a hallway light. Or a downstairs bathroom. Another solution could be widening a bathroom door to fit a wheelchair.



Points to Remember

- Many women have bladder control problems.
- Bladder control problems do not have to be a normal part of aging. Many medical conditions can cause bladder problems.
- Try not to let embarrassment about bladder control problems keep you from talking to your health care team.
- Most cases of poor bladder control can be improved greatly. Ask your health care team for help.

For More Information

American Foundation for Urologic Disease The Bladder Health Council

1000 Corporate Boulevard, Suite 410
Linthicum, MD 21090

Phone: 1-800-828-7866 or (410) 689-3990

Email: admin@afud.org

Internet: www.afud.org

American Urogynecologic Society

2025 M Street NW., Suite 800

Washington, DC 20036

Phone: (202) 367-1167

Email: augs@dc.sba.com

Internet: www.augs.org

National Association for Continence

P.O. Box 1019

Charleston, SC 29402-1019

Phone: 1-800-BLADDER (252-3337) or (843) 377-0900

Email: memberservices@nafc.org

Internet: www.nafc.org

The Simon Foundation for Continence

P.O. Box 835

Wilmette, IL 60091

Phone: 1-800-23-SIMON (237-4666) or (847) 864-3913

Email: simoninfo@simonfoundation.org

Internet: www.simonfoundation.org

Society of Urologic Nurses and Associates

East Holly Avenue, Box 56

Pitman, NJ 08071-0056

Phone: 1-888-TAP-SUNA (827-7862) or (856) 256-2335

Internet: www.suna.org

Important Words

bladder (BLAD-ur): the balloon-shaped muscle inside the body that holds urine

gynecologist (guy-nuh-CALL-uh-jist): a doctor who treats women's problems

incontinence (in-KON-tuh-nents): loss of bladder control, accidental leakage of urine

menopause (MEN-uh-paws): the time when a woman stops having her periods



Pelvic muscle exercises are easy to do.

pelvic muscle exercises: a way to strengthen the muscles that hold urine in the bladder

pessary (PESS-uh-ree): a special device placed in the vagina to support the bladder and prevent leakage

urethra (you-REE-thrah): a tube that carries urine from the bladder to the outside of the body

urinate (YOOR-uh-nate): to pass water, sometimes called *voiding* or *peeing*

urine (YOOR-un): the water containing wastes that passes from the body

urogynecologist (YOOR-oh-guy-nuh-CALL-uh-jist): a doctor who treats women's bladder and urine problems

urologist (yoor-ALL-uh-jist): a doctor who treats people with bladder or urine problems, possibly specializing in the female urinary tract

vagina (vuh-JY-nuh): in a woman's body, a tube connecting the womb (uterus) to the outside of the body, sometimes called the *birth canal*

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Publications produced by the clearinghouse are carefully reviewed by both NIDDK scientists and outside experts.

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